

**Round Rock Parks and Recreation Department
2012 Adaptive Summer Day Camp Registration Form**

Child's Name _____ ☐ Boy or ☐ Girl Age _____

Camp: ☐ Youth (Ages 5-12 Years) ☐ Teen (Ages 13-21 Years)

Child's Address _____ City _____ Zip _____

Child's Date of Birth _____ Home Phone _____

*Name of Parent/Guardian _____ Parent/Guardian Day Phone _____

*Name of Parent/Guardian _____ Parent/Guardian Day Phone _____

Address _____ City _____ Zip _____

Parent/Guardian's Email Address _____

**(Parent/Guardian listed above is the only person(s) allowed to make changes to the child's registration form.)

Local person to call in case of emergency if parent/guardian cannot be reached:

Name _____ Phone _____

I hereby authorize the program staff to allow my child to leave the program ONLY with the following persons listed below. Photo ID verification required.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

HEALTH SUMMARY:

Child's Main Diagnosis: _____

Other Diagnoses or Major Injuries: _____

Medications Taken:

Name of Medication:	For what reason:	Amount (dose) and frequency:	Administer at camp:
			Yes/No
			Yes/No
			Yes/No

*If your child requires medication to be dispensed during program hours, a "Request to Dispense Medication" form must be completed. Oral medications only; staff are not qualified/trained to perform injections.

Allergies (include food, medications, other):

1. _____ What happens: _____

2. _____ What happens: _____

3. _____ What happens: _____

SKILLS ASSESSMENT:

Communication:

☐ Unable to communicate needs and wants

☐ Communicates using basic sign

☐ Uses communication device

☐ Communicates with gestures, signs, non-verbal's

☐ Uses one or two word statements

☐ Complete verbal communication

Additional Information: _____

Receptive Language:

☐ Recognizes name when called

☐ Reacts when spoken to

☐ Responds to one step directions

☐ Responds to 2-3 step directions

☐ Responds to directions within a small group

☐ Responds to directions within a large group

Additional Information: _____

Restroom Independence:

- | | |
|---|--|
| <input type="checkbox"/> Wears Diaper | <input type="checkbox"/> Needs reminders to use restroom |
| <input type="checkbox"/> Indicates need to use the restroom | <input type="checkbox"/> Uses toilet with assistance |
| <input type="checkbox"/> Uses toilet independently | |

Additional Information: _____

Social Behavior/Personality:

- | | |
|---|---|
| <input type="checkbox"/> Shows interest in others | <input type="checkbox"/> Will sit quietly to watch a program |
| <input type="checkbox"/> Will play/interact with others | <input type="checkbox"/> Can identify and take responsibility for personal belongings |
| <input type="checkbox"/> Is tolerant of others, not easily agitated | <input type="checkbox"/> Will play/interact cooperatively within a group |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Friendly | |

Additional Information: _____

Mobility:

- | | | |
|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> No mobility assistance required |
|-------------------------------------|---------------------------------|--|

Additional Information: _____

Eating/Diet: Please list special instructions regarding eating and diet: _____**Behavior Management:** Please list any behavioral management techniques used at home or school which eliminate or reduce negative behaviors: _____**Hobbies/Interests:** Please identify any activities, games, and hobbies that the participant enjoys: _____

MEDICAL INFORMATION: In the event of an emergency and a parent/ guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation. Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's registration and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-to-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children. List any special problems that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware: _____

Treatment to be given: _____

Parent/Guardian Acknowledgements

- **Permission for Transportation:** I grant program staff to transport my child to and from the program site for field trips and other planned events. I understand that reasonable precautions will be taken to insure the safety and health of my child.
- **Medical Waiver:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the program staff to make arrangements to transport my child to the nearest hospital/emergency medical facility and secure any and all necessary medical care for my child. I give consent for necessary emergency treatment when my child is in the care of my designated physician, hospital or clinic.
- **Waiver:** I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.
- **Waiver for Photo Release:** I give my consent for any photos taken of my child involved in PARD programs to be used for PARD promotions or display.
- **Refund /Cancellation Policy:** Refunds requested 14 calendar days or more from the event start date will receive a 100% refund less a \$25 administrative fee. Program refunds requested 14 calendar days or less from the start date will forfeit all fees. All withdrawals must be submitted in writing.

Parent/Guardian Signature_____
Date

Please complete and return the form above by either: emailing to fcurtis@round-rock.tx.us, faxing to (512) 341-3395 or dropping off at the Clay Madsen Recreation Center, 1600 Gattis School Road, Round Rock, TX 78664

Registration Information

*****Proof Of residency required for all transactions. Non-resident fees will apply.*****

Please check the courses you wish to register for:

Adaptive Youth:

<input type="checkbox"/>	*18423, June 4-8	\$149
<input type="checkbox"/>	*18424, June 11-15	\$149
<input type="checkbox"/>	*18425, June 18-22	\$149
<input type="checkbox"/>	*18426, June 25-29	\$149
<input type="checkbox"/>	NO CAMP, July 2-6	
<input type="checkbox"/>	*18427, July 9-13	\$149
<input type="checkbox"/>	*18428, July 16-20	\$149
<input type="checkbox"/>	*18429, July 23-27	\$149
<input type="checkbox"/>	*18430, July 30-Aug 3	\$149
<input type="checkbox"/>	*18431, August 6-10	\$149
<input type="checkbox"/>	*18432, August 13-17	\$149

Adaptive Teen:

<input type="checkbox"/>	*18413, June 4-8	\$149
<input type="checkbox"/>	*18414, June 11-15	\$149
<input type="checkbox"/>	*18415, June 18-22	\$149
<input type="checkbox"/>	*18416, June 25-29	\$149
<input type="checkbox"/>	NO CAMP, July 2-6	
<input type="checkbox"/>	*18417, July 9-13	\$149
<input type="checkbox"/>	*18418, July 16-20	\$149
<input type="checkbox"/>	*18419, July 23-27	\$149
<input type="checkbox"/>	*18420, July 30-Aug 3	\$149
<input type="checkbox"/>	*18421, August 6-10	\$149
<input type="checkbox"/>	*18422, August 13-17	\$149

For Office Use:	Date: _____	Total Fee: _____	How Paid: _____	Staff Int: _____
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